

ARTICLE 4

SECTION 12

UNCONDITIONALLY AVAILABLE INCOME

1. GENERAL

As a condition of eligibility for Medi-Cal, all applicants/beneficiaries are required to apply for, and accept, any unconditionally available income for which they appear eligible. This section includes information on Unemployment Insurance Benefits (UIB), and Veterans' benefits. Instructions for the determination of anticipated UIB/DIB amounts and Veterans' Benefits Referral Form CA-5 completion requirements are also provided.

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2. DEFINITION

Income is unconditionally available if the applicant/beneficiary has only to claim or accept the income. Unconditionally available income includes, but is not limited to:

- A. Retirement, Survivors and Disability Insurance (RSDI) benefits
- B. Unemployment Insurance Benefits (UIB)
- C. State Disability Insurance Benefits (SDI)
- D. Veterans' benefits
- E. Private pension plans, union welfare funds, life insurance disability benefits, etc.

Public Assistance payments (including SSI/SSP) are not considered unconditionally available income.

3. WORKER RESPONSIBILITY

As part of the preapplication, intake, and redetermination process, the worker will evaluate each applicant/beneficiary's circumstances to determine if there is potential eligibility for any unconditionally available income. Applicants/beneficiaries who appear eligible to one or more types of unconditionally available income are to be advised that, as a condition of eligibility for Medi-Cal, they must apply for, and accept, the income to which they may be entitled.

4. APPLICANT/BENEFICIARY RESPONSIBILITY

The applicant/beneficiary must take all actions necessary to obtain any unconditionally available income to which he/she appears eligible as determined by the worker. This includes applying for the income and cooperating in supplying the information requested by the agency making the award determination.

Undocumented aliens who apply for UIB/DIB may be referred to the Immigration and Naturalization Service (INS) by EDD. No good cause exists for the undocumented alien to refuse to apply for UIB/DIB benefits.

Only the applicant/beneficiary who refuses to apply for and accept unconditionally available income will be considered ineligible for Medi-Cal.

5. APPLICANT VERIFICATION REQUIREMENTS

Medi-Cal benefits shall not be authorized prior to the receipt of verification of application for any unconditionally available income for which an applicant for Medi-Cal appears eligible. The application for unconditionally available income is to be verified by viewing.

- A. A Veterans' Benefit Referral form, CA-5, for Veterans' benefits.
- B. Application printout for UIB, the UIB booklet, or a copy of the EDD Real-Time Match Screen showing a current claim.
- C. A statement from a physician, on the physician's letterhead, identifying the date the DIB application was/will be filed; or an indication by the physician on Form 16-3 DSS that an application for DIB has been filed.
- D. Application receipt for RSDI benefits or an indication by SSA on Form 07-94 DSS that an application for RSDI benefits has been completed.
- E. Application receipts for any other unconditionally available income source.

County
Policy

6. UNEMPLOYMENT INSURANCE BENEFITS (UIB)

A. General Information on UIB

UIB is a program which provides income to eligible persons who are out of work. Eligible claimants applying in California must have earned a minimum of \$900 during a twelve month base period within the last 19 months and must:

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- 1) Not have quit his/her job without good cause; and
- 2) Not have been fired for cause; and
- 3) Be able to work and available for employment; and
- 4) Be seeking employment.

B. Who Must Apply

All applicants and beneficiaries of Medi-Cal are considered potentially eligible for UIB and should be referred to EDD to apply for UIB except for the following:

- 1) Individuals who have not worked in employment covered by the Unemployment Insurance Compensation Law in the past 19 months; or
- 2) Individuals who are receiving UIB, have a claim pending, have exhausted their UIB; or
- 3) Individuals who are receiving disability insurance benefits; or
- 4) Individuals who are ill or injured as specified in Article 5, Section 2; or
- 5) Individuals who have previously been denied or discontinued from UIB and have had no subsequent employment which would change the previous EDD determination; or
- 6) Individuals who are fully employed (working at least 40 hours per week); or
- 7) Children under 16 years of age with no work history; or
- 8) Individuals applying for restricted Medi-Cal benefits.
- 9) Individuals who do not have satisfactory immigration status.
- 10) Minor consent applicants.
- 11) Individuals working part-time, if it can be determined the individual's earnings are too high to receive UIB (see item C 3 below).
- 12) Full-time students (requires verification of full-time student status).

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CDHS Clarif.
4/23/98

CDHS Clarif.
7/17/01

C. UIB Application Process

County Policy

1) Telephone Claim Filing

Applicants/beneficiaries who are referred to EDD to file a claim are to be instructed to call one of the following numbers to do so:

(800) 300-5616 (English)
 (800) 326-8937 (Spanish)
 (800) 547-3506 (Chinese)
 (800) 547-2058 (Vietnamese)
 (800) 815-9387 (TTY)

The worker is also to instruct the applicant/beneficiary that they will receive a Notice of Award from EDD in the mail and that they must provide the notice to the worker.

Homeless applicants applying for UIB benefits must be able to provide a mailing address to EDD. It can be the address of a friend, a shelter address, or a private

post office box. **Workers are to instruct applicants/beneficiaries not to use the mailing address of a Family Resource Center for this purpose.**

2) EDD Real-Time Match

The EDD Real-Time Match provides workers on-line access to EDD files. It can be used to determine if an applicant/beneficiary is potentially eligible to receive UIB/DIB. Also, if an applicant/recipient has filed a recent claim, the weekly benefit amount shows in the **Current Claim** section. The Current Claim information from the Real-Time System can be used to verify a claim, under the condition that the information does not conflict with what the applicant/beneficiary has stated. If there is a discrepancy with what the applicant/beneficiary has stated, or with the IEVS information, the worker is to obtain the UIB verification from the applicant/beneficiary before granting.

Note: For information on how to access the EDD Real-Time Match, see TUG Special Notice 97-16.

3) Using EDD Real-Time Match to Determine UIB Eligibility

To determine if an applicant/beneficiary working part-time is eligible to receive UIB benefits, allow a \$25 or 25% (whichever is greater) deduction to their weekly gross earned income. If the resulting net income is equal to or more than the weekly benefit amount that appears in the **Potential Claim** section of the Real-Time Match, the applicant/beneficiary is not eligible to UIB; they are not required to apply for UIB benefits as a condition of Medi-Cal eligibility.

CDHS Clarif.
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4) Notice of Claimant

Approximately 10 days after the application for UIB, the claimant will receive a computer printout from EDD. The print-out is entitled "California Award." See Appendix B for an example. This print-out does not necessarily mean that the claimant will be entitled to receive UIB. The claimant may subsequently be denied UIB as a result of information obtained during the follow-up telephone interview, information from the previous employer, etc.

Should the claimant be found ineligible for UIB, he/she will receive a denial notice indicating the reason for ineligibility. When the claimant is found eligible, he/she will receive a UIB check.

5) Initial Benefits

When a claimant is found to be eligible, UIB will normally be paid the third week after the application is filed. The initial check will generally be for one week's benefit. UIB is paid every two weeks thereafter. All UIB claimants are paid through the mail.

6) UIB Weekly Benefit Amount

The same Weekly Benefit Amount (WBA) will generally be paid for each week of unemployment throughout the duration of the claim. However, adjustments to the WBA will be made if wages in excess of \$25 occur, if SDI eligibility occurs, or if other internal adjustments are necessary.

The worker may accurately estimate a UIB claimant's WBA by using the claimant's work history. See Appendix C.

7) Interstate Claims

The Interstate Benefit Payment Plan allows a person residing in one state (the agent state) to claim benefits from another state (the liable state) if he/she earned wages covered by Unemployment Compensation in the liable state. These claims are called Interstate Claims. Interstate claims are filed by calling the appropriate EDD phone queue number listed in 1 above. The benefits are paid in approximately eight weeks by the liable state. EDD (including real-time match) does not have Interstate claims information. Verification of benefit amounts can be obtained through documents in the client's possession, or by writing the employment office in the other state.

County Policy

8) Extended Unemployment Insurance Benefits

During periods of high unemployment, California has a special program for claimants whose regular benefits have expired or have been exhausted. This is the California Extended Duration (Cal-Ed) program. The Federal Government has a similar program of extended benefits known as Federal Extended Benefits (FED-ED). The maximum amount of an extended claim is 50 percent of the original (parent) claim. The weekly benefit amount remains the same as the parent claim.

"FED" stamped in red in the center portion of the UIB identification booklet means the person has received his extended benefit. "EME" stamped in this portion of the booklet means the person has received the extension on the extension. The worker should refer clients to EDD to pursue further benefits, if the client has received UIB recently, and FED or EME is not stamped on the UIB booklet.

To expedite the new claim, the wage earner should be instructed to take the expired handbook and to report to the same office where the most recent claim was processed if the client has since moved to another area, he/she should apply at the office serving the area where he/she now resides. It takes approximately two weeks to process each claim. There are no requirements to serve a waiting week, and payment will be made for the effective date of the claim.

If at any time the wage earner becomes eligible to regular UIB, EDD will terminate the Extended Unemployment Insurance claim and require the claimant to file a new claim for UIB.

9) Trade Readjustment Allowance (TRA)

TRA is a variation of UIB which covers employees of selected companies adversely affected by imported products. Upon certification to TRA, an "impact date" is established for the company. Employees laid off on that date or a date within a specified time period thereafter, are eligible. Benefits are mailed from Sacramento, either weekly or bi-weekly. Eligibility usually lasts 52 weeks and maximum benefit is \$190 per week. Any UIB received by the individual in the same week is deducted from TRA benefits. TRA benefits are treated in the same manner as UIB.

No form is available for use in verifying these benefits. However, verification can be obtained by writing to:

Manager, Manpower Payment Training Unit #805
Employment Development Department, MIC 48
800 Capitol Mall
Sacramento, CA 95814

The worker must specify the following information:

- The person's name and social security account number.
- The petition number and name of company.

The worker is to request the payment history, current status, and number of remaining weeks of eligibility.

D. Granted Worker Responsibilities

In granted, the worker will notify the beneficiary of the need to apply for UIB by using Automated Letter #891. The worker will place a 10-day calendar TIC for response from the beneficiary. If the beneficiary fails to respond, the worker will delete the beneficiary subject to timely notice requirements.

7. DISABILITY INSURANCE BENEFITS (DIB)

A. General Information on DIB

DIB is a program which provides income to eligible persons who cannot work because of illness or injury ~~not~~ caused by their job. In general, eligible claimants applying in California must have earned a minimum of \$300 during a twelve month base period and must:

- 1) Have an incapacity which was not incurred on the job.
- 2) Be under treatment of a physician at the present time.
- 3) Have a statement from a physician verifying incapacity.

- 4) Have earned a minimum of \$75 in a quarter within the base period.

NOTE: Pregnancy may be considered an incapacity if the woman is unable to work or continue employment. A DIB referral would be appropriate.

After the birth of the child, the woman may be able to collect DIB for six weeks whether or not there was eligibility prior to the child's birth. A referral to DIB must be made.

B. Filing a DIB Claim

The filing of a DIB claim commences with the applicant completing Form DE-250 on one side, and submitting it to his/her doctor to complete the other side. The doctor then mails the application to the DI Field Office. After the DI office has received and processed application, the claimant receives a Notice of Computation, (Form DE-429D or DE-429R). DIB claim payments are handled by mail to and from the DI office. Approximately 11 days after the filing date of a valid DIB claim, the claimant is sent the first payment, a copy of the check (2500c), and the DE-429D or DE-429R. If the claim is invalid, only the DE-429R will be sent. All of these items can be used for verification. DI benefits are paid according to the number of days disabled, not as weekly benefits as in UIB. Workers may accurately estimate the amount of a claimant's DIB by using the claimant's work history and following the procedures in Appendix E.

C. Voluntary Plan of Disability Insurance

When a client meets the basic qualifications for DIB and was employed by an employer with a private insurance carrier or self-insured employer approved by the State Employment Development Department, he/she may be eligible for benefits under the Voluntary Plan, also known as the Private Plan.

When the client is covered by a Voluntary Plan, the necessary forms can be obtained by reviewing the insurance carrier's notification letter which notifies the client of eligibility and is usually enclosed with their first check.

If necessary, the worker will contact the insurance carrier by letter to determine eligibility, starting date, weekly amount and maximum benefits. This letter will include the claimant's name, address, policy number, employer's name and address.

8. VETERANS' BENEFITS

A. County Veterans' Service Office

San Diego County has established a County Veterans' Service Office (CVSO) which operates independently from the Department of Social Services (DSS). The CVSO is responsible for reviewing Form CA-5, Veterans' Benefits Verification and Referral, to determine if a veteran is receiving benefits. In addition, the CVSO will pursue potential eligibility for VA benefits with the veteran and/or family of a veteran. Persons referred will

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be interviewed as necessary by a CVSO representative to prepare a claim for benefits or determine that entitlement to benefits does not exist.

B. Applicant/Beneficiary Responsibility

It is the responsibility of the applicant/beneficiary to apply for and accept VA benefits as unconditionally available income. This requirement exists whenever a member of the MFBU is a veteran of military service, the spouse of a veteran or a dependent of a veteran. Only the person refusing to apply for and accept VA benefits is to be considered ineligible for Medi-Cal.

C. Verification

Verification of current VA benefits may be obtained by viewing a recent award letter or VA check dated in the last three months. If no award letter or check is available, or if the client has applied for and/or expects to receive VA benefits, verification will be obtained by the client's completion of Form CA-5.

D. Form CA-5 Referral Procedures

Completed CA-5s are to be batched by district clerical staff and mailed daily to the County Veterans Service Office at Mail Stop S273--ATTN: VSR. The green copy will be retained by the worker and filed in the case folder under the "Other Verifications" tab. See Appendix F for Form CA-5 completion instructions.

Form CA-5 is not to be mailed directly to the Veterans Administration or the County Veterans Service Office by workers or clients. Clients should never hand carry CA-5s to the VA Regional Office or the CVSO.

1) Referral Required

Form CA-5 will be completed at intake and redetermination when one of the following situations exist:

- a) The applicant/beneficiary is in receipt of VA benefits, but is unable to provide a VA check dated in the last three months; or
- b) The applicant/beneficiary (or spouse, parent, stepparent, or child) is not in receipt of benefits, but has served in the U.S. military for any period; or
- c) The applicant/beneficiary (or a dependent) has applied for or expects to receive VA benefits; or
- d) The applicant/beneficiary is a dependent (including stepchild) of a veteran who is receiving VA pension, disability or educational benefits; or
- e) The applicant/beneficiary is a disabled veteran or the dependent of a disabled or deceased veteran; or

f) The applicant/beneficiary is currently receiving VA disability benefits and his/her disability has worsened; or

g) The applicant/beneficiary is a veteran and resides in a long-term care facility

2) Referral Not Required

Form CA-5 is not to be completed when one of the following situations exist:

a) VA benefits can be verified by viewing a recent check or award; or

b) The individual is on active duty in the military; or

c) The individual's service was limited to the Merchant Marine, National Guard, or Reserves; or

d) There is no legal relationship between the applicant/beneficiary and the veteran or paternity cannot be established; or

e) A previous CA-5 completed by the CVSO states that no future benefits are available to the veteran; or

f) A **copy** of a completed CA-5 (returned by the CVSO within the last 45 days) is available from an "other PA" case file in the county; or

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g) The veteran cannot be identified by at least one of the following:

- Social Security number and Date of Birth
- Military serial number
- VA claim number

When a referral is not submitted, an entry will be made in the "County Use Only" section of Form 16-2 DSS documenting the reason. Completion of the CA-5 for case filing is not required.

3) Aid and Attendance Determination

Under certain conditions, veterans, spouses/widows of veterans, dependent and "Gold Star" parents (parents who lost a child in military action) who receive Veterans Administration benefits may be entitled to additional monthly payments if they have severe physical or mental disabilities. The additional entitlement is called "Aid and Attendance" benefits (A&A).

In general, to qualify for A&A benefits, it must be demonstrated that the veteran, spouse/widow, or parent cannot feed or dress themselves, care for their needs, or remain out of bed all day. Blindness or confinement in a long-term care facility also qualifies for A&A entitlement.

The San Diego CVSO has informed DSS that workers should refer potentially eligible Medi-Cal beneficiaries to the CVSO when the beneficiary is:

- a) Medi-Cal Only; and
- b) A veteran, the spouse/widow of a veteran, "Gold Star" parent, or dependent of a veteran; and
- c) Currently residing in a long-term care facility.

Worker will refer potentially eligible Medi-Cal beneficiaries to the CVSO whenever a potentially eligible beneficiary (veteran, spouse/widow of veteran, "Gold Star" parent, or dependent) enters a long-term care facility. The referral for A&A payments will be made by completing Section 11 of Form CA-5.

4) Unusual Medical Expenses (UME)

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Under an injunction from the Sherman v. Griepentrog lawsuit, workers must disregard that portion of a needs-based VA pension or needs-based compensation that is the direct result of an Unusual Medical Expense (UME) when determining a beneficiary's share-of-cost.

Granting will not be delayed pending verification of UME. The amount of the VA check, which is not otherwise exempt, will be counted as income when determining the share-of-cost. When the CA-5 is returned indicating the amount paid for UME, the worker will disregard that portion of the VA pension and if appropriate readjust the share-of-cost for previous months following procedures detailed in MPG Article 12.

5) CVSO Response to CA-5 Referral

CVSO will process all CA-5s on a flow basis, unless identified as a priority. The average response time for return of the CA-5 to the worker is one week after receipt by the CVSO. This time may fluctuate depending on the volume of referrals received.

After the CVSO representative has made a determination regarding eligibility to VA benefits, a copy of the CA-5 will be returned to the worker. The status of the referral will be indicated in Section IV under "Eligibility Status."

When the CVSO representative checks a particular "Eligibility Status" block, the following meaning is intended:

[] NO BASIC ELIGIBILITY

The veteran (or dependent) is not presently in receipt of VA Benefits and, because of peacetime service, other-than-honorable discharge or other legal bar, is not reasonably expected to receive benefits under current law.

[] CLAIM INITIATED

The County Veteran's Office has contacted the client and has assisted with the submission of a VA claim. The type of claim is identified in the REMARKS BLOCK. When a claim is granted, the CVSO will provide the worker with a copy of the award letter and a copy of the CA-5 referral form.

[] CLAIM BEING REVIEWED

It has been determined that a claim or some other form of action was already pending in the VA when this inquiry was received. It is the responsibility of the client to inform the worker of the progress and outcome of this action. The worker should, therefore, set a TIC in the case record for follow-up action.

Should the claim be granted, the CVSO will provide the worker with a copy of the award letter and a copy of the CA-5 referral form.

[] CLAIM DENIED

The County Veteran's Office provided representation on behalf of this client in a claim for VA benefits. The VA benefits claim was denied and the CVSO found no grounds for an appeal of the denial.

Information in the "Remarks" section of the CA-5 is intended for use by the CVSO only and should be disregarded.

E. VA Claims Initiated by CVSO

1) CVSO Procedures

The CVSO accesses SS files to identify Medi-Cal beneficiaries who are in long-term care (LTC) facilities. A Medi-Cal beneficiary in LTC may be interviewed by CVSO staff to determine the beneficiary's potential eligibility to VA benefits, including VA Aid and Attendance (A&A) payments.

If the beneficiary appears potentially eligible for VA benefits or A&A payments, the CVSO will assist the beneficiary in filing a claim with the VA. The CVSO will complete Form CA-5 and forward a copy of the CA-5 to the worker assigned the beneficiary's case.

2) Worker Procedures

The LTC beneficiaries interviewed by CVSO staff may or may not have been previously referred to the CVSO by a worker via Form CA-5. The CVSO completes and forwards Form CA-5 to the worker to inform the worker that a VA claim has been or will be filed on behalf of the beneficiary.

Once a claim has been filed, it may take as long as six months before the VA makes an eligibility determination. Workers are not to call the CVSO to inquire about the status of a VA claim during the six-month period. If at the end of the six-month period an eligibility determination has not been received, the worker must call the CVSO to inquire about the status of the claim.

APPENDIX A

UI PRE-CLAIM COMPUTATION

PRE-CLAIM COMPUTATION - DATE 07-21-87 FOR CLAIM EFFECTIVE DATE 07-19-87
800-12-0197 POTENTIAL CLAIM MAX AWARD \$ 00 WEEKLY RATE \$ 00 FO 106
XREF UI-A REQUESTER R ALLEN
EMPLOYEE EMPLOYEE WAGES FOR THE QUARTER ENDING EMPLOYER ACCT E
NAME MAR 86 JUNE 86 SEPT 86 DEC 86 NAME
0.00 0.00 0.00 0.00 ADD ENTRY 0000000
TOTALS: 0.00 0.00 0.00 0.00 QUAL. WAGE = 0.0

P = WAGES PREVIOUSLY USED
OTHER CLAIMS:

N = WAGES NOT COVERED FOR INSURANCE

NO EARNINGS. UI AWARD CANNOT BE COMPUTED.

APPENDIX B

CALIFORNIA AWARD - UI BENEFITS

CALIFORNIA AWARD - COMPUTED ON 04-14-87 FOR CLAIM EFFECTIVE DATE 04-05-87
MAX AWARD \$1,326 WEEKLY RATE \$ 51 FO 106

XREF	UI-A				REQUESTER	K
MARTIN						
EMPLOYEE	EMPLOYEE WAGES FOR THE QUARTER ENDING				EMPLOYER	ACCT
E						
NAME	DEC 85	MAR 86	JUNE 86	SEPT 86	NAME	
	0.00	0.00	0.00	0.00	ADD ENTRY 0000000	
	1046.06S	793.00S	0.00S	0.00S		
	0.00S	0.00S	0.00S	1235.06S		
TOTALS:	1046.06	793.00	0.00	1235.06	QUAL WAGE = 3074.	

P = WAGES PREVIOUSLY USED

N = WAGES NOT COVERED FOR INSURANCE

OTHER CLAIMS: IE-091585, IE-041083, UI-110980

APPENDIX C

UIB INCOME DETERMINATION

The following steps must be followed:

1. Using the UIB Handbook, identify the beginning date of the claim.
2. Using the beginning date of the claim, determine the base period. The base period is divided into four consecutive calendar quarters. The month in which the claim begins determines which four quarters must be used. To determine the base period, use the following chart which shows how base periods are determined:

If the Claim begins in:	Then the Base Period is the Twelve months ending the last:
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FEB-MAR-APR	September 30	(OCT-NOV-DEC	JAN-FEB-MAR	APR-MAY-JUN	JUL-AUG-SEP)
MAY-JUN-JULY	December 31	(JAN-FEB-MAR	APR-MAY-JUN	JUL-AUG-SEP	OCT-NOV-DEC)
AUG-SEP-OCT	March 31	(APR-MAY-JUN	JUL-AUG-SEP	OCT-NOV-DEC	JAN-FEB-MAR)
NOV-DEC-JAN	June 30	(JUL-AUG-SEP	OCT-NOV-DEC	JAN-FEB-MAR	APR-MAY-JUN)

For example: A claim beginning in July is based on the four quarters of the previous year. A claim beginning in August uses the last three quarters (nine months) of the previous year plus the first quarter of the year in which the claim begins.

3. Using question #17 of the 16-2 and or obtaining a sworn statement (07-42 DSS) from the client, determine the earnings for the base period. If wages for base period are under \$900, do not anticipate UI.
4. Break down the earnings of the base period into 4 quarters and determine the quarter with the highest paid wages. The weekly benefit amount is based upon this quarter.

APPENDIX C

5. Using the following table, determine the weekly benefit amount.

Amount of Wages In Highest Quarter	Weekly Benefit Amount	Amount of Wages In Highest Quarter	Weekly Benefit Amount
\$ 225.00-	688.99.....30	\$1,742.00-	1,767.99.....68
689.00-	714.99.....31	1,768.00-	1,806.99.....69
715.00-	740.99.....32	1,807.00-	1,832.99.....70
741.00-	766.99.....33	1,833.00-	1,871.99.....71
767.00-	792.99.....34	1,872.00-	1,897.99.....72
793.00-	818.99.....35	1,898.00-	1,936.99.....73
819.00-	844.99.....36	1,937.00-	1,975.99.....74
845.00-	870.99.....37	1,976.00-	2,001.99.....75
871.00-	896.99.....38	2,002.00-	2,040.99.....76
897.00-	922.99.....39	2,041.00-	2,066.00.....77
923.00-	948.99.....40	2,067.00-	2,105.99.....78
949.00-	974.99.....41	2,106.00-	2,144.99.....79
975.00-	1,000.99.....42	2,145.00-	2,170.99.....80
1,001.00-	1,026.99.....43	2,171.00-	2,209.99.....81
1,027.00-	1,052.99.....44	2,210.00-	2,248.99.....82
1,053.00-	1,078.99.....45	2,249.00-	2,287.99.....83
1,079.00-	1,117.99.....46	2,288.00-	2,326.99.....84
1,118.00-	1,143.99.....47	2,327.00-	2,352.99.....85
1,144.00-	1,169.99.....48	2,353.00-	2,391.99.....86
1,170.00-	1,195.99.....49	2,392.00-	2,430.99.....87
1,196.00-	1,221.99.....50	2,431.00-	2,469.99.....88
1,222.00-	1,247.99.....51	2,470.00-	2,508.99.....89
1,248.00-	1,286.99.....52	2,509.00-	2,547.99.....90
1,287.00-	1,312.99.....53	2,548.00-	2,586.99.....91
1,313.00-	1,338.99.....54	2,587.00-	2,625.99.....92
1,339.00-	1,364.99.....55	2,626.00-	2,664.99.....93
1,365.00-	1,403.99.....56	2,665.00-	2,703.99.....94
1,404.00-	1,429.99.....57	2,704.00-	2,742.99.....95
1,430.00-	1,455.99.....58	2,743.00-	2,781.99.....96
1,456.00-	1,494.99.....59	2,782.00-	2,820.99.....97
1,495.00-	1,520.99.....60	2,821.00-	2,859.99.....98
1,521.00-	1,546.99.....61	2,860.00-	2,898.99.....99
1,547.00-	1,585.99.....62	2,899.00-	2,937.99....100
1,586.00-	1,611.99.....63	2,938.00-	2,989.99....101
1,612.00-	1,637.99.....64	2,990.00-	3,028.99....102
1,638.00-	1,676.99.....65	3,029.00-	3,067.99....103
1,677.00-	1,702.99.....66	3,068.00-	3,106.99....104
1,703.00-	1,741.99.....67	3,107.00-	3,158.99....105

(Continued on next page)

APPENDIX C

5. (Cont'd)

Amount of Wages In Highest Quarter	Weekly Benefit Amount	Amount of Wages In Highest Quarter	Weekly Benefit Amount
\$3,159.00-3,197.99....	106	\$4,450.00-4,486.99....	136
3,198.00-3,236.99....	107	4,487.00-4,523.99....	137
3,237.00-3,288.99....	108	4,524.00-4,560.99....	138
3,289.00-3,327.99....	109	4,561.00-4,597.99....	139
3,328.00-3,379.99....	110	4,598.00-4,634.99....	140
3,380.00-3,418.99....	111	4,635.00-4,671.99....	141
3,419.00-3,470.99....	112	4,672.00-4,708.99....	142
3,471.00-3,509.99....	113	4,709.00-4,745.99....	143
3,510.00-3,561.99....	114	4,746.00-4,782.99....	144
3,562.00-3,600.99....	115	4,783.00-4,819.99....	145
3,601.00-3,652.99....	116	4,820.00-4,856.99....	146
3,653.00-3,704.99....	117	4,857.00-4,893.99....	147
3,705.00-3,743.99....	118	4,894.00-4,930.99....	148
3,744.00-3,795.99....	119	4,931.00-4,967.99....	149
3,796.00-3,847.99....	120	4,968.00-5,004.99....	150
3,848.00-3,899.99....	121	5,005.00-5,041.99....	151
3,900.00-3,938.99....	122	5,042.00-5,078.99....	152
3,939.00-3,990.99....	123	5,079.00-5,115.99....	153
3,991.00-4,042.99....	124	5,116.00-5,152.99....	154
4,043.00-4,079.99....	125	5,153.00-5,189.99....	155
4,080.00-4,116.99....	126	5,190.00-5,232.99....	156
4,117.00-4,153.99....	127	5,233.00-5,265.99....	157
4,154.00-4,190.99....	128	5,299.00-5,332.99....	158
4,191.00-4,227.99....	129	5,333.00-5,365.99....	159
4,228.00-4,264.99....	130	5,366.00-5,398.99....	160
4,265.00-4,301.99....	131	5,399.00-5,432.99....	161
4,302.00-4,338.99....	132	5,433.00-5,465.99....	162
4,339.00-4,375.99....	133	5,466.00-5,498.99....	163
4,376.00-4,412.99....	134	5,499.00-5,532.99....	164
4,413.00-4,449.99....	135	5,533.00 and over....	165

Example: The weekly benefit amount based upon \$1,800 quarterly wages is \$69.

APPENDIX C

6. In order for EDD to pay weekly benefits, all claims must have a Sunday claim date. Convert the beginning date of claim to the correct Sunday start date. If the claim was filed on Monday, Tuesday, or Wednesday the previous Sunday is the beginning of the claim. For claims filed on Thursday or Friday, it is the following Sunday.

JULY						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

July 8th is the Sunday claim date
for all claims filed on
July 5, 6, or July 9, 10, 11.

7. All new claims have a one week waiting period. Continuing claims or reopened claims do not have a waiting period. If there is a waiting period, determine which week.

Example: Client files on 7/5. The Sunday start date is 7/8. The waiting period is 7/8 - 7/14.

8. The client mails the 1st Continued Claims Statement to EDD on the Sunday after the first week of eligibility and will receive payment 4-5 days later. Payment will be for one week only.

Example: Continuation of above. The first week of eligibility is 7/15-7/21. The client mails payment card on 7/22 and receives one week's payment 7/26. Anticipate receipt of 1 UI check in July.

9. All other continued claims statements are mailed after 2 weeks of eligibility with payment again received 4-5 days later.

AUGUST						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Example: Continuation of above. The next two weeks of eligibility is 7/22 – 8/4. Payment card mailed 8/5. Receipt 8/9. Next payment card would be mailed 8/19 with payment received 8/23. Anticipate 2 UI checks in August.

10. Do the computation on Form 14-29 DSS for documentation purposes. File in the financial folder.

APPENDIX D

UIB FIELD OFFICES

WIN PEC NUMBER	MAIL ADDRESS	EDD FIELD OFFICE	PHONE
1	SAN DIEGO WEST 1354 Front Street San Diego, CA 92101	049	237-7715
2	SAN DIEGO SERVICE CENTER 4235 National Avenue San Diego, CA 92113	132	262-0841
3	ESCONDIDO 1301 Simpson Way Escondido, CA 92025	138	745-6211
4	OCEANSIDE 2027 E. Mission Avenue Oceanside, CA 92054	081	757-1281
5	SAN DIEGO EAST 4579 Mission Gorge Place San Diego, CA 92120	106	265-4800
6	SAN DIEGO SOUTH BAY 1664 Industrial Blvd. Chula Vista, CA 92011	146	575-0191
7	EL CAJON 1360 N. Magnolia Mail Address: P.O. Box 15-C El Cajon, CA 92022	147	441-1373

*DIB FIELD OFFICES

5660 Friars Road San Diego, CA 92110	237-7586
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* DIB applications can be obtained from any EDD Field Office listed in this Appendix. Also, most doctors' offices, clinics and hospitals have forms. The applications for DIB all go to the DIB Field Office.

APPENDIX E

DIB INCOME DETERMINATION

The following steps must be followed:

1. Using the written statement from the doctor, determine the month the claim will begin. Example: Doctor is to mail application on 7/9. The claim month is July.
2. Using the claim month, determine the base period. The base period is divided into four consecutive calendar quarters. The month in which the claim begins determines which four quarters must be used. To determine the base period, use the following chart which shows how base periods are determined.

If the Claim begins in:	Then the Base Period is the Twelve months ending the last:
----------------------------------	---

FEB-MAR-APR	September 30	(OCT-NOV-DEC	JAN-FEB-MAR	APR-MAY-JUN	JUL-AUG-SEP)
MAY-JUN-JUL	December 31	(JAN-FEB-MAR	APR-MAY-JUN	JUL-AUG-SEP	OCT-NOV-DEC)
AUG-SEP-OCT	March 31	(APR-MAY-JUN	JUL-AUG-SEP	OCT-NOV-DEC	JAN-FEB-MAR)
NOV-DEC-JAN	June 30	(JUL-AUG-SEP	OCT-NOV-DEC	JAN-FEB-MAR	APR-MAY-JUN)

Example: A claim beginning in July is based on the four quarters of the previous year.

3. Using question #17 of the 16-2 and/or obtaining a sworn statement (07-42 DSS) from the client, determine the earnings for the base period. If wages for the base period are under \$300, do not anticipate DI.
4. Break down the earnings of the base period into 4 quarters and determine the quarter with the highest paid wages. The weekly benefit amount is based upon this quarter.

5. Using the following table, determine the weekly benefit amount.

Wages in	Weekly	Wages in	Weekly	Wages in	Weekly
Highest	Benefit	Highest	Benefit	Highest	Benefit
Quarter	Amount	Quarter	Amount	Quarter	Amount
\$ 75-1,149.99...	\$50	\$2,050-2,074.99...	87	2,975-2,999.99...	124
1,150-1,174.99...	51	2,075-2,099.99...	88	3,000-3,024.99...	125
1,175-1,199.99...	52	2,100-2,124.99...	89	3,025-3,049.99...	126
1,200-1,224.99...	53	2,125-2,149.99...	90	3,050-3,074.99...	127
1,225-1,249.99...	54	2,150-2,174.99...	91	3,075-3,099.99...	128
1,250-1,274.99...	55	2,175-2,199.99...	92	3,100-3,124.99...	129
1,275-1,299.99...	56	2,200-2,224.99...	93	3,125-3,149.99...	130
1,300-1,324.99...	57	2,225-2,249.99...	94	3,150-3,174.99...	131
1,325-1,349.99...	58	2,250-2,274.99...	95	3,175-3,199.99...	132
1,350-1,374.99...	59	2,275-2,299.99...	96	3,200-3,224.99...	133
1,375-1,399.99...	60	2,300-2,324.99...	97	3,225-3,249.99...	134
1,400-1,424.99...	61	2,325-2,349.99...	98	3,250-3,274.99...	135
1,425-1,449.99...	62	2,350-2,374.99...	99	3,275-3,299.99...	136
1,450-1,474.99...	63	2,375-2,399.99...	100	3,300-3,324.99...	137
1,475-1,499.99...	64	2,400-2,424.99...	101	3,325-3,349.99...	138
1,500-1,524.99...	65	2,425-2,449.99...	102	3,350-3,374.99...	139
1,525-1,549.99...	66	2,450-2,474.99...	103	3,375-3,399.99...	140
1,550-1,574.99...	67	2,475-2,499.99...	104	3,400-3,424.99...	141
1,575-1,599.99...	68	2,500-2,524.99...	105	3,425-3,449.99...	142
1,600-1,624.99...	69	2,525-2,549.99...	106	3,450-3,474.99...	143
1,625-1,649.99...	70	2,550-2,574.99...	107	3,475-3,499.99...	144
1,650-1,674.99...	71	2,575-2,599.99...	108	3,500-3,524.99...	145
1,675-1,699.99...	72	2,600-2,624.99...	109	3,525-3,549.99...	146
1,700-1,724.99...	73	2,625-2,649.99...	110	3,550-3,574.99...	147
1,725-1,749.99...	74	2,650-2,674.99...	111	3,575-3,599.99...	148
1,750-1,774.99...	75	2,675-2,699.99...	112	3,600-3,624.99...	149
1,775-1,799.99...	76	2,700-2,724.99...	113	3,625-3,649.99...	150
1,800-1,824.99...	77	2,725-2,749.99...	114	3,650-3,674.99...	151
1,825-1,849.99...	78	2,750-2,774.99...	115	3,675-3,699.99...	152
1,850-1,874.99...	79	2,775-2,799.99...	116	3,700-3,724.99...	153
1,875-1,899.99...	80	2,800-2,824.99...	117	3,725-3,749.99...	154
1,900-1,924.99...	81	2,825-2,849.99...	118	3,750-3,774.99...	155
1,925-1,949.99...	82	2,850-2,874.99...	119	3,775-3,799.99...	156
1,950-1,974.99...	83	2,875-2,899.99...	120	3,800-3,824.99...	157
1,975-1,999.99...	84	2,900-2,924.99...	121	3,825-3,849.99...	158
2,000-2,024.99...	85	2,925-2,949.99...	122	3,850-3,874.99...	159
2,025-2,049.99...	86	2,950-2,974.99...	123	3,875-3,899.99...	160

(Continued on next page)

APPENDIX E

5. (Cont'd)

Wages in Highest Quarter	Weekly Benefit Amount	Wages in Highest Quarter	Weekly Benefit Amount	Wages in Highest Quarter	Weekly Benefit Amount
\$3,900-3,924.99...	161	\$4,450-4,474.99...	183	\$5,000-5,024.99...	205
3,925-3,949.99...	162	4,475-4,499.99...	184	5,025-5,049.99...	206
3,950-3,974.99...	163	4,500-4,524.99...	185	5,050-5,074.99...	207
3,975-3,999.99...	164	4,525-4,549.99...	186	5,075-5,099.99...	208
4,000-4,024.99...	165	4,550-4,574.99...	187	5,100-5,124.99...	209
4,025-4,049.99...	166	4,575-4,599.99...	188	5,125-5,149.99...	210
4,050-4,074.99...	167	4,600-4,624.99...	189	5,150-5,174.99...	211
4,075-4,099.99...	168	4,625-4,649.99...	190	5,175-5,199.99...	212
4,100-4,124.99...	169	4,650-4,674.99...	191	5,200-5,224.99...	213
4,125-4,149.99...	170	4,675-4,699.99...	192	5,225-5,249.99...	214
4,150-4,174.99...	171	4,700-4,724.99...	193	5,250-5,274.99...	215
4,175-4,199.99...	172	4,725-4,749.99...	194	5,275-5,299.99...	216
4,200-4,224.99...	173	4,750-4,774.99...	195	5,300-5,324.99...	217
4,225-4,249.99...	174	4,775-4,799.99...	196	5,325-5,349.99...	218
4,250-4,274.99...	175	4,800-4,824.99...	197	5,350-5,374.99...	219
4,275-4,299.99...	176	4,825-4,849.99...	198	5,375-5,399.99...	220
4,300-4,324.99...	177	4,850-4,874.99...	199	5,400-5,424.99...	221
4,325-4,349.99...	178	4,875-4,899.99...	200	5,425-5,449.99...	222
4,350-4,374.99...	179	4,900-4,924.99...	201	5,450-5,474.99...	223
4,375-4,399.99...	180	4,925-4,949.99...	202	5,475 and over...	224
4,400-4,424.99...	181	4,950-4,974.99...	203		
4,425-4,449.99...	182	4,975-4,999.99...	204		

Example: The weekly benefit amount based upon \$1,800 quarterly wages is \$77.

6. DI benefits are paid per number of days disabled, and most claims have a 7-day waiting period. Using the beginning date of disability from the doctor's statement, determine the waiting period.

Example: Doctor states disability began 7/2. The waiting period is 7/2 - 7/8.

7. Anticipate receipt of the first check 2 weeks after the date the doctor mailed the application to EDD. The first check will be for 7 days only. Example: Continuation of above. Doctor mailed application on Monday, 7/9. The first check can be expected Monday, 7/23. Anticipate one check for July. The check will be for \$77 only.

8. The next checks will be issued at two week intervals and payment will be for 2 weeks.

Example: Continuation of above. Two August payments are to be anticipated, to be received on 8/6 and 8/20.

9. Do the computation on the back of Form 14-29 DSS for documentation purposes. File in the financial folder.

VETERANS BENEFITS VERIFICATION AND REFERRAL**NOTE: Do not complete this form unless one of the following is known:**

- Veterans Social Security Number and Date of Birth
- Military Serial Number
- Veterans Administration (VA) Claim Number

You and any member of your household for whom you are applying for aid must give us the Social Security Number(s) (SSN). The SSN(s) are used to determine your eligibility and failure to cooperate may result in denial or discontinuance of aid. Authority: 45 Code of Federal Regulations Section 205.52, and Welfare and Institutions Code Section 11268(a).

Name and Address of County Veterans Service Office

CASE NAME:
CASE NUMBER (INCLUDING MEDS AID CODE):
APPLICANT/RECIPIENT PHONE #:
CASE WORKER:
WORKER PHONE #:

SECTION I

VETERAN'S NAME (LAST, FIRST, MIDDLE)		BIRTH DATE:	BIRTHPLACE:	LIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF DECEASED: DATE OF DEATH: PLACE OF DEATH:
VETERAN'S ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP CODE)			DOES THIS VETERAN LIVE IN YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	VA CLAIM NUMBER: SOCIAL SECURITY NUMBER: MILITARY SERIAL NUMBER:	
BRANCH OF SERVICE:		DATE OF ENTRY:	DATE OF DISCHARGE:	TYPE OF DISCHARGE: <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> MEDICAL <input type="checkbox"/> OTHER THAN HONORABLE <input type="checkbox"/> UNKNOWN	
VETERAN'S MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED		IS THIS VETERAN PERMANENTLY UNABLE TO WORK BECAUSE OF DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THIS VETERAN SUFFER AN IN-SERVICE UNJURY OR ILLNESS THAT CAUSES A CURRENT DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
VETERAN'S GROSS MONTHLY INCOME: \$		IS ANYONE IN LONG-TERM CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, (✓) BELOW: <input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER		IS ANYONE BLIND, OR IS HOME CARE NEEDED TO FEED, BATHE, OR DRESS A HOUSEHOLD MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, (✓) BELOW: <input type="checkbox"/> VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER	
SPOUSE'S GROSS MONTHLY INCOME: \$					

SECTION II

NAME OF CLAIMANT:	RELATIONSHIP TO VETERAN:	BIRTH DATE:	SOCIAL SECURITY NUMBER:	ADDRESS:

SECTION III

I hereby authorize the welfare department to release the above information to the County Veterans Service Office and the Veterans Administration for purposes of identifying or obtaining benefits available to the persons identified above. I also authorize the County Veterans Service Office and Veterans Administration to release their findings (to be noted below).

SIGNATURE (OR MARK) OF VETERAN/DEPENDANT:	DATE:	SIGNATURE OF WITNESS TO MARK:	DATE:
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SECTION IV (To be completed by the County Welfare Department and the County Veterans Service Office)

The County Welfare Department requests the County Veterans Service Office to:

<input type="checkbox"/> Verify any VA benefits received by the veteran and/or dependent(s):					<input type="checkbox"/> Determine veteran/dependent's eligibility for veteran's benefits:				
	1-Veteran	2-Claimant	3-Claimant	4-Claimant	(✓) If monthly benefit is paid, (✓) Eligibility status:				
Monthly Benefit	\$	\$	\$	\$	<input type="checkbox"/> Compensation <input type="checkbox"/> No basic eligibility				
Beginning Date (Month/Day/Year)					<input type="checkbox"/> Pension <input type="checkbox"/> Claim initiated				
Ending Date (Month/Day/Year)					<input type="checkbox"/> Other (see remarks) <input type="checkbox"/> Claim being reviewed				
Lump Sum Payment (Past 6 Months)	\$	\$	\$	\$	<input type="checkbox"/> Includes A & A benefits of \$ <input type="checkbox"/> Claim denied				
REMARKS: (For official use only)									

Name and Address of County Human Services Office

CVSO REPRESENTATIVE: (PRINT)	PHONE #:	DATE:
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CW 5 (7/01) REQUIRED FORM - NO SUBSTITUTE PERMITTED

**INSTRUCTIONS FOR COUNTY USE AND COMPLETION OF
VETERAN'S BENEFITS VERIFICATION AND REFERRAL FORM CW 5**

USE THE CW 5:

1. To verify the status amount of the veteran's benefits being received.
2. To refer applicants or recipients to the County Veterans Service Office (CVSO).
3. To obtain new veteran benefits when the information on the Statement of Facts forms for the following programs indicates possible eligibility for benefits or county general assistance or relief:
 - California Work Opportunity and Responsibility to Kids (CalWORKs)
 - Medi-Cal
 - State-Run County Medical Services Program
 - Food Stamps
 - AFDC-Foster Care
 - Kin GAP
 - Healthy Families
 - Other Program Statement of Facts forms

DO NOT COMPLETE THIS FORM IF THE SERVICE PERSON IS STILL ON ACTIVE DUTY, OR NONE OF THE FOLLOWING INFORMATION IS KNOWN:

1. Veteran's Social Security Number (SSN) and Date of Birth;
2. Veteran's Military Serial Number;
3. Veterans Administration (VA) Claim Number.

If either of the above applies, **do not** initiate a CW 5. Do make an entry in the "County Use Only" section of the SAWS 2 or the MC 210 or the "ELIGIBILITY WORKER ONLY": section of the FC 2 form stating why a referral was not made and place the form in the case file.

INSTRUCTIONS FOR COMPLETION OF CW 5:

1. Enter name and address of County Veterans Service Office (CVSO) in upper left-hand corner of the address box.
2. Enter name and address of County Welfare Department (CWD) in lower left-hand address box.
3. Check the appropriate request box to verify or determine benefits.
4. Enter worker and applicant/recipient case information in upper right-hand box.

Section I - Have applicant enter all known veteran and, if applicable, claimant information. At least one is required: (a) Veteran's SSN and date of birth, (b) Veteran's military serial number, or (c) VA claim number.

Section II - Have applicant enter all claimant information.

Section III - Have the veteran, dependent/claimant or foster care representative read, sign and date the authorization statement (attach a copy of placement order in foster care cases).

Section IV - This section will be filled in by the CVSO.

DISTRIBUTION AND FILING OF THE CW 5:

Complete original and photocopy 5 copies of the form. Distribute as follows:

- Original and 3 copies to CVSO. Have the veteran, dependent/claimant, or foster care representative hand carry 4 copies of the form along with medical documents, military papers, etc. to the CVSO. Referral by mail may be used if hand carry method is not possible.
- One copy for case file to be retained until original is completed and returned to CWD by CVSO. CWD will keep the completed original CW 5 as a permanent record and discard the copy.
- A copy of the completed original will be kept by CVSO.

If Veterans Affairs Aid and Attendance Benefits have been granted to the veteran, widow or parent of the veteran, CVSO will also send a copy of the completed original to: Department of Health Services, Recovery Branch, Health Insurance Unit 105, P.O. Box 1287, Sacramento, CA 95806.